

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-030475

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7221

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 19 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **St. Louis**

Length of stay in 1b
10 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **St. Louis**

c. CITY OR TOWN **Ferguson**

Inside Limits
Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Faith Hospital**

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)
7481 Castro Dr.

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED

First

Middle

Last

Viola

May

Sattler

4. DATE OF DEATH

Month

Day

Year

7-10-63

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

7-9-87

9. AGE (last birthday)

76 Yrs.

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home

10b. KIND OF BUSINESS OR INDUSTRY
Housewife

11. BIRTHPLACE (City and state or country)
Jonesburg Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

James Cregar

13b. MOTHER'S MAIDEN NAME

Sarah Murray

14. NAME OF HUSBAND OR WIFE

August Sattler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Address

Mrs. Paul Roth 7500 N. Bridge Ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

4 1/2 hrs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral Hemorrhage

DUE TO (c)

Diabetes Mellitus

260x

9 days

?

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Malignant Hypertension + Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☒ No

☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

St. Louis County (Mo)

21. I attended the deceased from **7/1/63**, to **7/9/63** and last saw her alive on **7/9/63**

Death occurred at **1:30 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Anthony J. White MD

22b. ADDRESS

7150 N. Bridge Ave. Normandy Mo.

22c. DATE SIGNED

7-10-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

7-13-63

23c. NAME OF CEMETERY OR CREMATORY

Jonesburg City Cemetery

23d. LOCATION (City, town, or county)

Jonesburg Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

White-Mullen 118 N. Florissant Rd. Ferg.

25. DATE RECD. BY LOCAL REG.

JUL 12 1963

26. REGISTRAR'S SIGNATURE

Lois Smith. M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59
1
2400-3
3
4
5
6
7
8
9
10
11
12
13

60

after 1130 Wed.
1907

812

LET BOY TO BE 17

MS. N. State 7150 N.B.

00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Reinhold J. Schuman

Licensed Embalmer No. 3395

P. O. Address So. Main 35 Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.